

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	RH	60178	4/8/02
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	V	V	9/1/01
2	V	V	9/1/01
3	V	V	9/1/01
4	J	J	9/1/01
5	V	V	9/1/01
6	V	V	9/1/01
7	V	J	9/1/01
8	V	J	9/1/01
9	V	J	9/1/01
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If more than 150 claims or 10 actions  
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Best Available Copy